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Illinois Public Health Association
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Northern Illinois Public Health Consortium
Comments on the January 7, 2014 Draft
Path to Transformation Medicaid 1115b Waiver
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The Illinois Public Health Association, the Illinois Association of Public Health Administrators and the Northern Illinois Public Health Consortium present the following comments on the January 7, 2014 draft of The Path to Transformation proposal for an 1115b Waiver.

The Illinois Public Health Association is Illinois' oldest and largest professional association devoted exclusively to matters of public health. The association has more than 7,000 members who are engaged in public health practice in local health departments, community health centers, hospitals, universities and other settings.

For more than 35 years, the Illinois Association of Public Health Administrators (IAPHA) has been the voice of local health departments in Illinois. It represents 84 of Illinois' 96 certified health departments; these health departments serve 91 of the state's 102 counties. IAPHA's mission is to provide, promote, and protect services that are critical to the health and safety of Illinoisans. This is accomplished through policy, legislative, and educational activities that support local public health agencies and promote public health.

The Northern Illinois Public Health Consortium is a membership organization of the public health departments that serve the City of Chicago, Village of Skokie, and Counties of Cook, DuPage, Grundy, Kane, Kendall, Lake, McHenry, Will, and Winnebago. The mission of NIPHC is to promote and protect the health of the region through networking and collaborative action that raises public awareness,

builds constituency, and influences legislation and policies concerning public health issues affecting northern Illinois.

We enthusiastically support the Path to Transformation. Overall, it recognizes the need for integrating clinical medicine and public health practice. We are pleased to have this opportunity to offer these suggestions to strengthen the waiver proposal and further Illinois' efforts in achieving the "Triple Aim."

The practice of public health is focused on the development, implementation and evaluation of interventions that, in response to community needs, prevent disease, disability and, ultimately, death, through the promotion of health and the reduction of health risks. As a discipline, public health has long recognized and acted upon the interconnection between social and economic conditions and the health of both individuals and populations. Therefore, collaboration is the hallmark of community public health practice. No community sector on its own can successfully improve population health.

Along with the Illinois Department of Public Health, the state of Illinois has an established network of 96 local health departments which serve 100 of Illinois' 102 counties.[1] Local health departments are agencies of local government and are supported by tax revenues from local, state and federal governments. They implement programs to prevent and control both communicable and chronic diseases and promote the adoption of healthful practices and policies. They are experts in public health practice and can make a unique and essential contribution to the success of the Integrated Delivery Systems envisioned by the Path to Transformation.

However, Pathway 1, which proposes to "Transform the Health Care Delivery System" omits, or does not explicitly recognize, the participation of local health departments in an integrated delivery system. They have decades of experience in working with and delivering services to Medicaid-eligible and uninsured men, women, and children. They have legal responsibility for some aspects of

[1] Only Edwards and Richland counties are not served by local health departments.

environmental health. Their experience with Medicaid-eligible families, their expertise in prevention and health promotion, their legal authority and their status as an entity of local government all should be leveraged in order to ensure the waiver's success. Local health departments should be on the same footing as behavioral health care and substance abuse treatment providers in an integrated delivery system.

Integrating local health departments into health care delivery systems bridges the gap between clinical medicine and public health practice and increases everyone's access to preventive health care. Local health departments can help clinicians become more effective in delivering individual preventive health care services and referring patients to community prevention services. Health department participation in managed care systems will make preventive services more accessible to the population.

The lack of access to oral health care for Medicaid-eligible children (and adults) has persisted for years in Illinois. While these services are covered under the current Medicaid state plan and no waiver is needed to provide for them, the planning documents and current Medicaid managed care plans (e.g., the Accountable Care Entities) do not consider oral health care providers as required members. Oral health care providers should be included in integrated delivery systems.

Further, regarding Pathway 1, Illinois has led the nation in the development of regionalized systems of hospital-based perinatal care services. Care should be taken, in the development of integrated delivery systems, that these networks, authorized by Illinois' Developmental Disability Prevention Act (410 ILCS 250), not be disrupted. The focus of these networks should be expanded to include and support the provision of high-quality prenatal care and hospitals should be compensated for the cost of administering this system. State support for this system, which plays a critical role in the prevention of preterm birth, low birth weight, infant mortality and developmental disability, has diminished over the years.

Pathway 2 correctly recognizes the importance of population health strategies. The waiver should include the flexibility to use Medicaid funds to support the implementation of evidence-based community preventive services (such as those identified in the U.S. Community Preventive Services Task Force) through local health departments in collaboration with health plans and other community providers.

Pathway 2 recommends the development and implementation of "Regional Health Hubs." The hubs are described in the waiver as a "nexus between IDPH, local health departments, communities and the health plans and providers serving (a) region" (p. 21, emphasis added) and that the hubs will "align and coordinate the multiple community needs assessments performed in the same regions" (pg. 22). The waiver proposes a "premium add-on payment for health plans that agree to use the funds to develop population health interventions in conjunction with the Regional Health Hubs" (pg. 21). The hubs therefore shift leadership for community health planning and program development (two of the three fundamental functions of public health systems) from the local health department to the Regional Hubs. This undermines the capacity of local health departments to carry out their basic mission as described by the public health functions of assurance and policy development and related essential public health services.[2,3] Instead, the funds for the hubs should be directed to strengthening both IDPH and local health departments to perform the functions envisioned for the hubs without creating a new,

[2] Institute of Medicine, Division of Health Care Services, Committee for the Study of the Future of Public Health. (1988). The Future of Public Health. Washington, D.C.: National Academy Press. The core functions of public health were identified as assessment, policy development and assurance.

[3] Roper, WL; Baker, EL; Dyal, WW; Nicola, RM. (1992). Strengthening the Public Health System. Public Health Reports, 107(6):609-15, November-December. The 10 Essential Services are of monitoring health status to identify and solve community health problems; diagnosing and investigating health problems and health hazards in the community; informing, educating, and empowering people with regard to health issues; mobilizing community partnerships and actions to identify and solve health problems; developing policies and plans that support individual and community health efforts; enforcing laws and regulations that protect health and ensure safety; linking people to needed personal health services and assuring the provision of health care when otherwise unavailable; assuring a competent public and personal health care workforce; evaluating the effectiveness, accessibility, and quality of personal and population-based health services; and conducting research to discover new and innovative solutions to health problems;

intermediary structure. Local health departments have been leading the process of community health planning for nearly two decades, and linking and coordinating community interventions and developing and providing services to address community needs, as a routine part of public health practice. (Local health departments should also be compensated for the cost of performing this leadership function through the waiver.) The coordination of public health interventions at the community level may be more important than coordinated planning. Methods of community health assessment which include analysis of objective data and participation by the public are likely to reach similar conclusions. Uncoordinated intervention at the community level – which can best be avoided through collaboration among local health departments, hospitals and other health care and human service providers – can be more wasteful and ineffective than uncoordinated health assessment.

Next, Pathway 3 correctly highlights the healthcare delivery systems' pressing need for additional qualified providers. In addition to the need for more physicians, advanced practice nurses, and community health workers, the waiver should address the need for community health and public health nurses, as well as social workers, health educators and home visitors.

The use of Medicaid funds to support evidence-based home visiting as a "Cost Not Otherwise Matchable," (discussed in stakeholder engagement meetings but yet not explicitly addressed in the draft) is an excellent strategy for expanding these important services. The definition of evidence-based home visiting should not be limited to the Nurse-Family Partnership. This is an excellent model but is intended to serve a narrowly defined target population. This category of services should include all evidence-based home visiting models, such as those recognized by the U.S. Department of Health and Human Services' Administration for Children and Families.[4] The waiver should also be used to support

[4] http://homvee.acf.hhs.gov/programs.aspx

the establishment and expansion of evidence-based approaches to reducing pre-term birth[5] and improving linkages between primary and high-risk prenatal care, community and hospital-based perinatal care, and between prenatal and pediatric care. Linkages between the delivery of clinical care and community systems of care for children with developmental delays (e.g., the Early Intervention system under Part C of the Individuals with Disabilities Education Act, which is already substantially funded by Medicaid) should be strengthened through the waiver. Local health departments have extensive experience in the provision of these services and in the development of integrated public health and human service networks for the improvement of maternal, infant, child and adolescent health in the communities they serve and should receive additional resources to maintain these services through the waiver.

[5] USDHHS, Centers for Medicare and Medicaid Services, Center for Medicare and Medicaid Innovation. Strong Start for Mothers and Newborns: Cooperative Agreement. Funding Opportunity Number: CMS-1D1-12-001